MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 6**2-**015363 DEPARTMENT OF PUBLIC HEALTH AND WELFARE STATE FILE NUMBER 7__Primary Registration District No. 1002____Registrar's No. Registration District No. _ DO NOT WRITE AMENDED ON THIS STUB FAR ALK 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY b. COUNTY VS 300 admission) AMENDED ackson Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR Inside Limits TOWN TOWN Yes 🗹 No 🗀 NSAS CITY Inside Limits c. FULL NAME OF (If NOT in hospital, give location) d. STREET ADDRESS (If cutside, give location) Reside on Farm DATE, HOSPITAL OR INSTITUTION 138 Yes 🔲 No 🖥 3. NAME OF DECEASED Middle DATE Day Year (Type or print) 962 DEATH 0 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Never Married 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. Married 🔲 Widowed 🖁 Hours Divorced [2 WHITE 11. BIRTHPLACE (City and state or country) OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY working-life, even if retired) ruck ATHER'S NAME 13b. MOTHER'S MAIDEN NAME NAME OF HUSBAND OR WIFE 0 0 WAS DECEASED EVER IN U.S. ARMED FORCES? Address go, or unknown) [(If yes, give war or dates of servi 9420. 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 ro NARV IMMEDIATE CAUSE (a) Ö NSTEAD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. N_O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to PART III. If deceased Was female disease condition given in PART I (a) there a pregnancy in last 90 days. ☐ Yes □ No ☐ Unknown AMENDMENT 19. WAS AUTOPSY 20a. ACCIDENT . , SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? • 🗆 \Box YES | NO | 20c. TIME OF Hou Month, Day, Year RIBBON INJURY a.m. Party of p.m. BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED COUNTY STATE WHILE AT WORK en NOT WHILE AT WORK READ **TYPEWRITER** 21. 1 attended the deceased fro date stated above, and to the best of my knowledge, from the causes stated. Ω Death occurred at SHOUL 22c. DATE SIGNED (Degree or title) or county) (State) Ö REMOVAL (Specify) ITEM **ADDRESS** (Licensed Embalmer's Statement on Reverse Side)

5-62 315AM

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No	
working under my personal supervision.		
Student	Signed He Rassantino	-
Signature of Student Embalmer	Licensed Embalmer No. 43	54
	P. O. Address	mo.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.